

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT



1 File Number U <u>10549</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Philip</u> <u>A</u> <u>Salgado</u> P O Box Bldg Room No if any _____ Street <u>3214 Blue Creek Ct</u> City <u>San Jose</u> State <u>California</u> ZIP Code + 4 <u>95135</u>	4 Name file number and address of labor organization Name <u>United Food and Commercial Workers Local 428</u> Labor Organization File Number <u>027524</u> P O Box Building and Room Number if any _____ Street <u>240 South Market Street</u> City <u>San Jose</u> State <u>California</u> ZIP Code + 4 <u>95113</u>
5 Position in labor organization <u>Secretary-Treasurer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ _____ _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>Philip A Salgado</u>	On <u>08/15/2005</u> <u>408-998 0428</u> Date Telephone Number

Name of Person Filing Philip Salgado	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer s name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount <input type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input type="text"/> Delta Dental Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> 100 First Street City <input type="text"/> San Francisco State <input type="text"/> California ZIP Code + 4 <input type="text"/> 94105	14 a Nature of payment. <input type="text"/> Golf Entertainment
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <input type="text"/> \$54